

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-01

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Libertytown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Richard Lee Baugher

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 21, 19428. AGE: Years 4 Months 1 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Libertytown MD
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name John Blinton Baugher13. Birthplace Walkersville MD14. Maiden name Margaret V. Fritz15. Birthplace Libertytown MD16. Informant John E. BaugherAddress Libertytown MD17. Burial Date thereof Aug 25, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairmount Cem.Location Libertytown MD18. Funeral director Beville & HutzlerAddress 2 Woodsboro MD19. 46 David Cooper
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 August 1946, at 3:00 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19____ to 19____

and that I last saw him _____ alive on 19____

Immediate cause of death Fracture base of skullDue to Accidental blow with a pick

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. _____Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of 8/23/46Where did injury occur? Libertytown Frederick MD
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of Injury Blow with pick Injured at work? No23. SIGNATURE Charles H. Bailey, M.D.Address Frederick, Md Date signed 8/24/46

DURATION

Instantaneous

RECEIVED

SEP 4 1946

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Rural - Nr. Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural - Nr. Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

EDWIN AUSTIN BAUGHMAN

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Caroline J. Kilroy

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 10, 1882

8. AGE:

Years

Months

Days

If less than one day

63922

_____ hrs.

_____ min.

9. Birthplace Frederick, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Retired Commissioner of Motor Vehicle

11. Industry or business

12. Name Louis Victor Baughman13. Birthplace Frederick, Md.14. Maiden name Helen Abell15. Birthplace Baltimore, Md.16. Informant Mrs. Charles H. ConleyAddress Frederick, Maryland17. Burial Date thereof August 3, 1946
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory St. Johns CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 2-Aug 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1946 to Aug. 1 1946
and that I last saw him alive on July 31 1946

Immediate cause of death

Acute dilatation of heart

DURATION

15 min.

Due to

Chronic myocarditis6 yrs. +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. D. Thomas M. D. or otherAddress Frederick, Md. Date signed 8/2/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 3 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

08023131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town Frederick Junction (rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick Junction (rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

GRACE G. BEARD

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband or wife <u>Harry Beard</u>			
6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>May 18-1872</u>			
8. AGE: Years <u>74</u>	Months <u>3</u>	Days <u>13</u>	If less than one day hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Housekeeper11. Industry or business HomeFATHER 12. Name Wm. H. Roberts
13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Mary Ellen Doyle15. Birthplace Frederick County Maryland16. Informant Chas. W. and Otto E. Beard
Address 508 S. Savage St. Balto. Maryland17. Burial Date thereof Sept. 3-1946
(Burial, cremation, or removal, which?) (Month) (day) (year)
Cemetery or crematory Mount Hope Cemetery
Location Woodsboro, Md.18. Funeral director C.E. Cline and Son
Address Frederick, Maryland19. 3. Sept 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31st. 19 46 at 8 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 46 to Aug 31 19 46
and that I last saw him alive on Aug 18 19 46

Immediate cause of death

Coronary Occlusion

DURATION

Due to

Due to

Other conditions

Chronic Myocarditis
Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Howard W. Cline M.D.
Address Frederick Md Date signed 9/2/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 4 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 480 +

CERTIFICATE OF DEATH

Reg. Dist. No. 131

08024

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. Francis Scott Key Hotel

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

EDITH BANTZ BERRY

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

George W. Berry

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Unknown

8. AGE:

Years

Months

Days

If less than one day

79?

..... hrs. min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

William S. Bantz

MOTHER

13. Birthplace

Frederick County Maryland

14. Maiden name

Catherine Brunner

15. Birthplace

Frederick County Maryland

16. Informant

Hospital Records

Address

17.

Burial

Date thereof

8/17/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

16 Aug19 46

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15, 1946 at 4:20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15, 1946 to Aug 15, 1946
and that I last saw him alive on Aug 14, 1946

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. Ark M. D.

M. D. or other

Address Frederick, MarylandDate signed 8-16-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 17 1946
BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 700 East South Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

ELSIE MAY BRIGHTWELL

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or Jonathan C. Brightwell
 6. (c) If alive, give age 63 years
 7. Birth date of deceased (mo., day, yr.) December 18-1891
 8. AGE: Years 54 Months 7 Days 18 If less than one day
hrs.min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Clarence Kemp

13. Birthplace Frederick County Maryland

14. Maiden name Florence Shelton

15. Birthplace Frederick County Md.

16. Informant Jonathan C. Brightwell

Address 700 E. South St.-Frederick, Md.

17. Burial Date thereof August 8-46
 (Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Md.

18. Funeral director C.E. Cline and Son

Address Frederick, Md.

19. 7-Aug 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5th. 1946 at 3:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Aug 3 1946, to Aug 5 1946
 and that I last saw her alive on Aug 5 1946

Immediate cause of death Acute Cardiac dilatation
with pulmonary effusions DURATION 3 days

Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Thompson M. D. or other
 Address Frederick Md Date signed 8/7/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1946
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08026

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 514 Middle Alley

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

MARY ELLEN BROOKS

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or James Brooks

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 26, 1896

8. AGE: Years 49 Months 10 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Charles Brown13. Birthplace Frederick County Maryland14. Maiden name Etta Temple15. Birthplace Frederick County Maryland16. Informant Mrs. Clarence DisneyAddress 514 Middle Alley, Frederick, Md.

17. Burial Colored Cemetery Date thereof 8/27/46
 (Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Bartonsville-Frederick, R.D.#1, Md.Location M. R. Etchison and Son18. Funeral director Frederick, MarylandAddress Frederick, Maryland

19. 27-Aug 1946 Elizabeth S. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24th, 1946 at 8:45P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 20 1946 to Aug. 24 1946and that I last saw her alive on Aug. 24 1946Immediate cause of death metastatic Carcinoma brain DURATION 2 monthsDue to Carcinoma body of uterus 1 year

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard James M. D.Address Frederick, Maryland Date signed 8-27-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 28 1945
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 836

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs
Hospital, institution, or street address where death occurred:
305 East Poloma
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Fred
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 305 East Poloma
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Frederick Henry Brown

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife

Mary F. Brown

7. Birth date of deceased (mo., day, yr.)

Sept 8 1870

6.(c) If alive, give age years

8. AGE:

Years 75 Months 11 Days 18 If less than one day hrs. min.

9. Birthplace

West Virginia
(Town, county, and state)

10. Usual occupation

Bldg. Insp. Bldg. Inspector Retd

11. Industry or business

Transp. Station

12. Name

George Brown

13. Birthplace

Germany

14. Maiden name

Mary E. Baker

15. Birthplace

Germany

16. Informant

Mrs Clara Calhoun

Address

Brunswick Md

17. (Burial, cremation, or removal, Which?)

Buried

Date thereof Aug 23 1946

Cemetery or crematory

Park Heights

Location

Brunswick Md

18. Funeral director

E. K. Fule & Bro

Address

Brunswick Md

19. (Date rec'd by registrar)

Aug 23

1946

Eugenia H. Burkes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1946, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10 1946 to Aug 20 1946

and that I last saw him alive on Aug 19 1946

Immediate cause of death

Cerebral thrombosis

DURATION

10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eugenia H. Burkes M. D. or other

Address Brunswick Md Date signed 8/24/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 28 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 080281

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 2 days3. (a) FULL NAME Dennis GeneBABY BOY BURRIER

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

SINGLE

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Aug. 7, 1946

8. (c) If alive, give age

years

8. AGE: Years Months Days If less than one day

2 hrs. min.9. Birthplace Frederick, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Woodrow C. Burrier13. Birthplace Mt. Pleasant, Md.14. Maiden name Lorris P. Young15. Birthplace Woodboro, Md.16. Informant Woodrow C. BurrierAddress New Midway, Md.17. Burial Date thereon Aug 11, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. HopeLocation Woodboro, Md.18. Funeral director Buell & HartzlerAddress Woodboro, Md.19. 11-Aug 19 46

(Date rec'd by registrar)

Registrar Elizabeth G. Hede

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. New Midway R.T.D.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 - 1946 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 7 - 1946 to Aug 9 - 1946and that I last saw him alive on Aug 9 - 1946

Immediate cause of death

Cerebral HemorrhageDue to Birth Injury (Birth Strain)

DURATION

2 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Byron D. White, Md.

M. D. or other

Address Polesmith, Md.Date signed 8/10/46

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

RECEIVED
AUG 13 1946
BUREAU V B.

Kindly note name of Bernice baby.
The birth Certificate was mailed
Aug 10, 1946. Name not on Birth Certificate

Very truly yours

Elizabeth Heck.

Reg 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Maryland Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fred.
 City or town Point of Rocks
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Arthur C Carnes

3. (b) Social Security Number

578-16-7578

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Bessie Norton

7. Birth date of

deceased (mo., day, yr.)

May 5 18918. (c) If alive, give age 50 years

8. AGE:

Years

Months

Days

If less than one day

5539

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

B. O. R. Boiler maker

11. Industry or business

helper. Shops.

FATHER

12. Name

Martie L Carnes

13. Birthplace

Virginia

MOTHER

14. Maiden name

Adeline Jewel

15. Birthplace

Virginia

16. Informant

Mrs. Bessie Carnes

Address

Point of Rocks Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Aug. 17, 1946
(month) (day) (year)

Cemetery or crematory

St. Pauls Cemetery

Location

Point of Rocks Md.

18. Funeral director

C. H. Fitch & Son

Address

Brunswick Md.

19.

(Date rec'd by registrar)

Aug 17 1946
Kathryn H. Brown
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1946 at 1030A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____

and that I last saw him alive on and Aug 14 1946

Immediate cause of death

Coronary occlusion

DURATION

minutes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury

Injured at work?

23. SIGNATURE

P. W. Ban Med Ex.

M. D. or other

Address Frederick Md Date signed 8.14.46

RECORDED

AUG 21 1946

BUREAU V. 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 162

CERTIFICATE OF DEATH

Reg. Dist. No. 08030 131

1. PLACE OF DEATH:

County FrederickCity or town McKaig
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 42 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town McKaig
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

LAFAYETTE LLEWLYN CARPENTER

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White6. (a) ~~Single~~ married, widowed, or divorcedMarried6. (b) Name of husband or wife Ida C. Hall Carpenter6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) December 28, 18708. AGE: Years 75 Months 7 Days 5 It less than one day _____ hrs. _____ min.9. Birthplace Mt. Carmel, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Andrew Jackson Carpenter13. Birthplace Frederick County, Md.14. Maiden name Mary Dunaway15. Birthplace Frederick County, Md.16. Informant Mrs. LaFayette L. CarpenterAddress McKaig, Maryland17. Burial Date thereof August 5, 1946
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or ~~cemetery~~ Mount Zion CemeteryLocation McKaig, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 5-Aug 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1946 at 9:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1946, to Aug 2 1946, and that I last saw him alive on Aug 2 1946Immediate cause of death Incurable of
Suppuration

DURATION

2 years +

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. D. HumeAddress Indersburg, Md. Date signed 8/2/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

08031

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 7/9/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 7/9/45

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George
 City or town Colmar Manor
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4103 Newton St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Moody Creighton

3. (b) Social Security Number

21 2-07-4365

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of deceased or wife Florence L. Creighton
 6.(c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) January 23, 1878

8. AGE: Years 68 Months 6 Days 15 If less than one day
hrs.min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Henry Creighton

13. Birthplace Maryland

MOTHER 14. Maiden name Phoebe Lewis

15. Birthplace Maryland

16. Informant Deceased

Address Riverdale, Maryland

17. Burial Date thereof August 13, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill Cem.

Location Sutcliffe, Md.

18. Funeral director W. W. Chambers

Address Riverdale, Maryland

19. August 7, 1946
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 19 46 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 19 45 to August 7 19 46
 and that I last saw him alive on August 7 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 3 1/2 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Lyn M. D. X

Address State Sanatorium, Md. Date signed 8/7/46

RECEIVED
AUG 9 1945
BUREAU V E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

88032/38
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Ijamsville (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Five years eight months
 Hospital, institution, or street address where death occurred:
Riggs Cottage Sanitarium
 How long in hospital or institution? Five years eight months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 416 Fairview Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Katherine E. Cronise Cronise

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Clayton Cronice
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) June 27, 1876
 8. AGE: Years 70 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Frederick, Maryland
 (Town, county, and state)
Housewife

10. Usual occupation

11. Industry or business

12. Name Robert Lomar LaMan13. Birthplace Maryland14. Maiden name Katherine Simms Linn15. Birthplace Maryland16. Informant Sanitarium records.Address Riggs Cottage Sanitarium17. Burial Date thereof 8-27-46
 (Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick - Md.18. Funeral director C. E. Clive & SonAddress Frederick - Md.19. 26 Aug 19 46 Lillian K. Johnson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25th 1946 at 2:50A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 31 1940 to August 24, 1946and that I last saw her alive on August 24, 1946Immediate cause of death DiabetesDURATION
20yrsCerebral Arterio-sclerosis ?Rectal Prolapse 6 yrs?Due to Hypostatic Pneumonia (terminal)Other conditions (Include pregnancy within 3 months of death)Major findings of operations Date of op.Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John W. McCallister, M.D.Address Ijamsville e, Md. Date signed Aug 25, 1946

RECEIVED
SEP 4 1945
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08033 139
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium; Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/24/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/24/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2123 Forest Park Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war. _____ ✓

3. (a) FULL NAME

William R. Durdin

3. (b) Social Security Number

214-03-1135

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 5/13/1892

8. AGE:

Years

Months

Days

If less than one day

54314

hrs.

min.

9. Birthplace

Rock Hall, Md.

(Town, county, and state)

10. Usual occupation

Insurance Agent

11. Industry or business

FATHER

12. Name

William P. Durdin

13. Birthplace

Rock Hall, Md.

MOTHER

14. Maiden name

Annie J. Brown

15. Birthplace

Anne Arundel County, Md.

16. Informant

J. Bayard Sutton (Bro-in-law)

Address

Chestertown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 8/30/46

(month) (day) (year)

Cemetery

Good Shepherd

Location

Howard County

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 19 46 at 7:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 24 19 46 to Aug. 27 19 46and that I last saw him alive on August 27 19 46

Immediate cause of death

Carcinoma of Prostate Gland

DURATION

10 Mos.~~xxx~~Metastatic Carcinoma of Liver 3 Mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results See above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. P. DurdinM. D. ~~xxx~~Address State Sanatorium, Md. Date signed 8/28/46

RECEIVED

AUG 31 1945

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

08034

★ Reg. Dist. No. 144

1. PLACE OF DEATH:
 County Frederick
 City or town Rocky Ridge - rural
 (If outside city or town limits, write RURAL and give nearest town)
Lifetime
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rocky Ridge - rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME
James Milton Eby.

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Anna Mary Eby
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) February 22, 1861
 8. AGE: Years 85 Months 6 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Keysville, Carroll Co., Md
 (Town, county, and state)

10. Usual occupation Retired.

11. Industry or business

FATHER 12. Name Lemuel Eby.

13. Birthplace Maryland.

MOTHER 14. Maiden name Mary Six.

15. Birthplace Maryland.

16. Informant Morris Eby.

Address Rocky Ridge, Md.

17. Burial Date thereof Aug. 31, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory U. B. Cemetery

Location Thurmont, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. Aug. 31 1946 Blanche S. Eyles
 (Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1946 10:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1946 to Aug 29 1946
 and that I last saw him alive on Aug 26 1946

Immediate cause of death Cerebral Thrombosis
& weakness DURATION 10 days.

Due to Chronic Arterial Sclerosis 10 yrs -

Due to _____

Other conditions Hypertension - Blood 11 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Morris A. Berish M. D. or other

Address Thurmont Md Date signed 8/31/46

RECEIVED

SEP 3 1946

BUREAU V F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (892)

CERTIFICATE OF DEATH

08035

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Water Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Carrie Irene Fogle,

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William A. Fogle6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.)

October 6, 1870

8. AGE:

Years

75

Months

10

Days

13

If less than one day

.....hrs.min.

9. Birthplace New Midway, Frederick Co., Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

HomeFATHER
MOTHER

12. Name

William H. Rowe

13. Birthplace

Union Bridge, Md

14. Maiden name

Adaline McCormick

15. Birthplace

Detour, Md

16. Informant

William A. Fogle

Address

Thurmont, Md.

17.

(Burial, cremation, or removal. Which?)

BurialDate thereof Aug. 22, 1946
(month) (day) (year)

Cemetery or crematory

U. B. Cemetery

Location

Thurmont, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Md.

19.

(Date filed by registrar)

Aug. 22, 1946Blanche S. Eyles
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 19, 1946 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

16 August 1946 to 19 August 1946
and that I last saw him alive on 19 August 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

4 daysDue to HypertensionUnknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

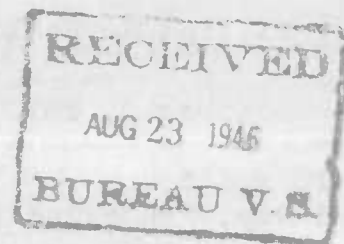
Injured at work?

23. SIGNATURE

J. B. Thomas, M.D.

M. D. or other

Address Thurmont, Maryland Date signed 20 Aug. 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

08036

131

CERTIFICATE OF DEATH

★ Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 125 Water Street
(If rural, give LOCATION)2.(a) If veteran, name war World War I

3. (a) FULL NAME

CLARENCE ELLERY FOGLE

3. (b) Social Security Number

217-10-0693

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Alice L. Winpigler6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.)

March 7, 1896

8. AGE:

Years

Months

Days

If less than one day

5055

hrs.

min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Ox Fibre Brush Company

MOTHER

FATHER

12. Name

Michael W. Fogle

13. Birthplace

Frederick County Maryland

14. Maiden name

Elizabeth Hoffman

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Alice FogleAddress 125 Water St., Frederick, Md.

17.

Burial
(Burial, cremation, or removal, which)Date thereof 8/15/46

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

13-Aug 1946
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12, 1946 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15, 1946 to Aug 12, 1946
and that I last saw him alive on Aug 12, 1946

Immediate cause of death

DURATION

Acute Coronary Thrombosis1 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. Gustafson

M. D.

M. D. or other

Address Frederick, Maryland Date signed 8-13-46

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 14 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 882

CERTIFICATE OF DEATH

Reg. Dist. No.

08037

139

1. PLACE OF DEATH:

County... Frederick
 City or town... Clara Elizabeth Fox.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

Foxville, Maryland
 How long in hospital or institution?.....

3. (a) FULL NAME

Clara Elizabeth Fox.

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife... Thomas C. Fox

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) May 13, 1861

8. AGE: Years 85 Months 2 Days 15 If less than one day
 hrs. min.

9. Birthplace Myersville, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation... Retired Housewife

11. Industry or business

12. Name... George J. Poffinberger13. Birthplace Maryland14. Maiden name... Sarah Doub15. Birthplace Maryland16. Informant... Charles MarkerAddress Lantz, Md17. Burial Date thereof... Aug. 11, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Blue Ridge CemeteryLocation Thurmont, Md.18. Funeral director... M. L. Creager & SonAddress Thurmont, Md.19. Aug 10 46 (Date rec'd by registrar) 19 2/25/46 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Foxville
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2. (a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH... August 8, 1946 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 August 1946 19 to 8 August 19 46and that I last saw her alive on 5 August 19 46Immediate cause of death... hypostatic pneumonia

DURATION

3 daysDue to... Cerebral hemorrhage 2 days

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... James B. [Signature] M. D. or otherAddress... Thurmont, Maryland Date signed... 9 Aug 1946

RECEIVED
AUG 15 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-1

CERTIFICATE OF DEATH

08038

★ Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 7/24/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 7/24/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residences of mother)

State Maryland County Allegany
 City or town Spring Gap
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Eva L. Frederick

3. (b) Social Security Number

217-24-7651

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Separated
 6.(b) Name of husband ~~XXXX~~ Robert Frederick
 6.(c) If alive, give age 33 years
 7. Birth date of deceased (mo., day, yr.) August 22, 1924
 8. AGE: Years 21 Months 11 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace West Virginia
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 FATHER 12. Name W. C. Collins
 13. Birthplace West Virginia
 MOTHER 14. Maiden name Alice Woods
 15. Birthplace West Virginia

16. Informant Paul Collins (Brother)
 Address Spring Gap, Maryland
 17. Burial Date thereof 8/7/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~XXXX~~ Petersburg
 Location Petersburg, W.Va.
 18. Funeral director John J. Hafer
 Address 230 Balto. Ave., Cumberland, Md.

19. Aug 5 19 46
 (Date read by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 19 46 at 1:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 19 46 to August 5 19 46
 and that I last saw her alive on August 5 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 9 Mos.

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. ~~XXXX~~
 Address State Sanatorium, Md. Date signed 8/5/46

RECEIVED

AUG 7 1946

BUREAU V.S.

Evidence for the addition of
burial is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

08039

FILM No. I O 7 OCT 18 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 5/15/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 5/15/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Clearspring
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rt. 2
(If rural, give LOCATION)
2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Helen Shank French

3. (b) Social Security Number
216-22-8008

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband ~~XXXX~~ Paul E. French

6. (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) May 14, 1925

8. AGE: Years 21 Months 3 Days 15 If less than one day
..... hrs. min.

9. Birthplace Hagerstown, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Bruce A. Shank

13. Birthplace Hagerstown, Maryland

14. Maiden name Mary M. Bartles

15. Birthplace Fairview, Maryland

16. Informant Paul E. French (Husband)

Address Rt. 2, Clearspring, Maryland

17. Burial (Burial, cremation, or removal, which?) Date thereof Sept. 2, 1946
(month) (day) (year)

Cemetary or crematory St Paul Cemetery

Location Western Pike, Md.

18. Funeral director Albert Leaf

Address Williamsport, Maryland

19. (Date rec'd by registrar) 8/30/46 Registrar [Signature]

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 29 1946 at 10:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 15 1946 to Aug. 29 1946
and that I last saw her alive on August 29 1946

Immediate cause of death Pulmonary Tuberculosis DURATION 3 Yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. [Signature] M. D. ~~XXXX~~

Address State Sanatorium, Md. Date signed 8/30/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 31 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of birth date of deceased is shown on

FILE No. I 07 OCT 8 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1804131

1. PLACE OF DEATH:

County Frederick
City or town Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Carroll
City or town Taneytown
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

Thomas Winton Frock

3. (b) Social Security Number

~~XXXXXXXX~~

none

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) August 27, 1946 6.(c) If alive, give age years May 13, 1946

8. AGE: Years 0 Months 3 Days 15 It less than one day 14 hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Roscoe V. Frock

13. Birthplace Md.

14. Maiden name Carabelle Barnhart

15. Birthplace Md.

16. Informant Roscoe V. Frock

Address Taneytown, Md. R.D.

17. Burial (Burial, cremation or removal, which?) Burial Date thereof Aug. 30, 1946
(month) (day) (year)

Cemetery or crematory Keysville

Location Keysville, Md.

18. Funeral director C. O. FUSS & SON

Address Taneytown, Md.

19. 29-Aug 19 46 Elizabeth G. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 19 46 at 8:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 19 46 to Aug 27 19 46 and that I last saw him alive on Aug 27 19 46

Immediate cause of death chronic enteritis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury injured at work?

23. SIGNATURE G. H. Lipp M. D. or other

Address Bluesville, Md. Date signed 8-28-46

RECEIVED
AUG 30 1946
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

08041

Reg. Dist. No. 147

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Mt. Airy
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 15 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Mt. Airy
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME

DAVID T. GAVER

3.(b) Social Security Number

4. Sex..... Male
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Married
 B.(b) Name of husband or wife..... Carrie E. Gaver
 7. Birth date of deceased (mo., day, yr.)..... Dec. 14, 1876
 8. AGE: Years..... 69 Months..... 8 Days..... 14 It less than one day..... hrs. min.

9. Birthplace..... Frederick Co. Maryland
 (Town, county, and state)
 10. Usual occupation..... Farmer (retired)

11. Industry or business

12. Name..... John Gaver
 13. Birthplace..... Maryland
 14. Maiden name..... Eliza Jane Spittler
 15. Birthplace..... Maryland

16. Informant..... Mrs. Carrie E. Gaver
 Address..... Mt. Airy, Md.

17. Burial..... 8-20-46
 (Burial, cremation, or removal, which?) Date thereof.....
 (month) (day) (year)
 Cemetery or crematory..... Pine Grove
 Location..... Mt. Airy, Carroll Co. Maryland
 18. Funeral director..... C. M. Waltz
 Address..... Winfield, Md.

19. Aug 20 46
 (Date read by registrar) Registrar..... Clarice A. Runkles

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 18 19 46, at 7:50 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 19 46 to August 18 19 46
 and that I last saw him alive on August 18 19 46
 Immediate cause of death.....

DURATION
 Due to..... Coronary Thrombosis 8 mo
 Due to.....
 Other conditions..... Chr. Uremia 2 mo
 Chr. Myocarditis 10 yrs
 (Include pregnancy within 3 months of death)
 Major findings of operations..... none
 Date of op.....
 Autopsy results..... none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of Injury..... Injured at work?.....

23. SIGNATURE..... Stanley Grall
 Address..... Mt Airy - Md
 Date signed..... 8/27/46

RECEIVED

AUG 21 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No. 136

C8042

1. PLACE OF DEATH:

County FrederickCity or town Adamstown-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 Years

Hospital, institution, or street address where death occurred:

Flint Hill

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Adamstown-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)Street No. Flint Hill

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

LAVENIA GILCHRIST

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Unknown18 75

8. AGE:

Years

Months

Days

If less than one day

71 ?

_____ hrs.

_____ min.

9. Birthplace Washington, D. C.
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Walker Gilchrist13. Birthplace Westmoreland County Virginia14. Maiden name Susan Winston15. Birthplace Westmoreland County Virginia16. Informant Mrs. Clara GilchristAddress R. F. D. #1, Adamstown, Md.17. Burial 9/1/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 31 Aug 1946 H. O. Hindrickson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29th 1946 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 28 1946 to August 29 1946and that I last saw him alive on Aug 29 1946

Immediate cause of death

Coronary Atherosclerosis

DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE W. H. B. Bourne Jr. M. D.Address Frederick, Maryland Date signed 8-30-46

RECEIVED

SEP 5 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

08043

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
Frederick (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime
 Hospital, institution or street address where death occurred: Emergency Hospital

How long in hospital or institution? 2 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 119 E. Patrick St.
 (If rural, give LOCATION)

2. (a) If veteran, name war none

3. (a) FULL NAME

Charles Roger Gittinger

3. (b) Social Security Number

none4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 4-3-1869

8. AGE: Years 77 Months 4 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick - Frederick, Md.
 (Town, county, and state)

10. Usual occupation Retired Baggage Driver11. Industry or business Rail Road12. Name 3. James Gittinger13. Birthplace Frederick - Md.14. Maiden name Mary Maunty15. Birthplace Frederick - Md.16. Informant Records Emergency HospitalAddress Frederick - Md.17. Burial Date thereof Aug. 27-46

(Burial, cremation, or removal - Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet CemeteryLocation Frederick Md.

C. E. Chris & Son

18. Funeral director Frederick - Md.

Address _____

19. 26 Aug 19 46 Elizabeth G. Heds

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 19 46, at 1:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 19 46, to Aug. 24 19 46and that I last saw him alive on Aug. 24 19 46Immediate cause of death Arterio-sclerotic Cardiac - vascularDisease; Congestive failure

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas M.D.Frederick, Md. M. D. or other _____Address _____ Date signed 8/26/46

RECEIVED

AUG 28 1946

BUREAU OF

Mr. E. A. Tamm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

08044



131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
College Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. College Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MARGARET SOPHIA GITTINGER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
6. (b) Name of husband or wife <u>Samuel J. Gittinger</u>		
6. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>July 26, 1867</u>		
8. AGE: Years <u>79</u>	Months <u>0</u>	Days <u>14</u> hrs. _____ min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Edward A. Brunner

13. Birthplace Frederick County Maryland

14. Maiden name Ann Rebecca Miller

15. Birthplace Frederick County Maryland

16. Informant Miss Mildred Gittinger

Address College Ave., Frederick, Maryland

17. Burial Date thereof 8/12/46
 (Burial, cremation, or removal, etc.) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 12 Aug 1946 Elizabeth G. Hecks
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10th 19 46 at 8:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 46, to Aug. 10 19 46, and that I last saw him alive on Aug. 10 19 46.

Immediate cause of death _____ DURATION

Acute Coronary Thrombosis 1 day

Due to _____

Due to Arteriosclerosis 5 yrs

Other conditions Angina Pectoris 5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE A. Gusten Pearce M. D.

M. D. or other _____

Address Frederick, Maryland Date signed 8-12-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 14 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

08045

Reg. Dist. No. 144

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Thurmont - rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>35 years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Thurmont - rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war <u>no</u>			
3. (a) FULL NAME <u>Hazel Marie Green</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6.(a) Single, married, widowed, or divorced <u>Married</u>			
6.(b) Name of husband or wife <u>Clifford Green</u>				6.(c) If alive, give age <u>53</u> years			
7. Birth date of deceased (mo., day, yr.) <u>July 22, 1907</u>				8. AGE: Years <u>39</u> Months <u>22</u> Days <u>22</u> If less than one day <u>hrs. min.</u>			
9. Birthplace <u>Thurmont, Frederick Co. Md</u> (Town, county, and state)							
10. Usual occupation <u>Housewife</u>							
11. Industry or business <u>Home</u>							
FATHER	12. Name <u>Emanuel Fuss.</u>						
	13. Birthplace <u>Thurmont, Md</u>						
MOTHER	14. Maiden name <u>Rosa Miller</u>						
	15. Birthplace <u>Thurmont, Md.</u>						
16. Informant <u>Clifford Green</u> Address <u>Thurmont, Md. R.F.D.</u>							
17. Burial <u>Aug. 17, 1946</u> (Burial, cremation, or removal. Which?) <u>Aug. 17, 1946</u> (month) (day) (year) Cemetery or crematory <u>United Brethren</u> Location <u>Thurmont, Md.</u> 18. Funeral director <u>M. L. Creager & Son</u> Address <u>Thurmont, Md.</u>							
19. Aug. 17, 1946 <u>Blanche S. Eyles</u> (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>August 14, 1946</u> <u>1:30 PM</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>14 August 1946 at 9:30 AM</u> to <u>14 Aug. 1:30 PM</u> and that I last saw her alive on <u>14 August</u>							
Immediate cause of death <u>Acute coronary thrombosis</u>							
DURATION <u>10 hours</u>							
Due to							
Due to							
Other conditions							
(Include pregnancy within 3 months of death)							
Major findings of operations							
Date of op.							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?							
23. SIGNATURE <u>J. B. Spencer M.D.</u> Address <u>Thurmont, Maryland</u> Date signed <u>16 Aug. 1946</u>							

RECEIVED

AUG 20 1946

BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1862

08046

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. Carroll Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Nettie E. Grushon

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Martin L. Grushon

7. Birth date of

deceased (mo., day, yr.)

April 1, 1866

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

8048

.....hrs.

.....min.

9. Birthplace

Foxville, Frederick Co., Md

(Town, county, and state)

10. Usual occupation

Retired housewife

11. Industry or business

MOTHER
FATHER

12. Name

Joseph J. Fox.

13. Birthplace

Foxville, Frederick Co., Md

14. Maiden name

Saraphena Buhrman

15. Birthplace

Foxville, Frederick Co. Md

16. Informant

Mrs. A. W. Hauver

Address

Foxville, Md

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 12, 1946

(month) (day) (year)

Cemetery or crematory

United Brethren

Location

Thurmont, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Md.

19.

Aug. 10
(Date rec'd by registrar)

19

46Blanche S. Eyles

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1946 at 10.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... to

and that I last saw her dead on Aug 9 1946

Immediate cause of death

Stroke

DURATION

1 hr

Due to

Fall down
steps

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 8-8-46Where did injury occur? Thurmont, Frederick Co. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury Fall down 3 steps Injured at work? no

23. SIGNATURE

R. W. Bow

M. D. or other

Address Fredrick Md. Date signed 8-9-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 13 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

CERTIFICATE OF DEATH

Reg. Diat. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

312 West Brunswick St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 312 West Brunswick St
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Garnet Christine Hamilton

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

-

7. Birth date of deceased (mo., day, yr.)

Jan 1, 1946

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

07

hrs.

min.

9. Birthplace

Frederick, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Leonard Hamilton

13. Birthplace

West Va

14. Maiden name

Esther Henderson

15. Birthplace

West Va

16. Informant

Address

Leonard HamiltonBrunswick Md.

17.

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Burial

Date thereof

Sept 2, 1946
(month) (day) (year)

Location

New Norman

16. Funeral director

Address

Martinsburg W VaG. H. Fletcher, Box

19.

(Date rec'd by registrar)

19

46

Kathryn N. BrownDeputy

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1946, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 24 1946 to Aug 30 1946and that I last saw him alive on Aug 30 1946

Immediate cause of death

Whooping Cough

DURATION

10 days

Due to

Due to

Other conditions

Intestinal
infection
(Include pregnancy within 3 months of death)2 days

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

[Signature]

M. D. or other

Address

Date signed

9/6/46

Linder
William Thomas } Brothers

RECEIVED

SEP 4 1946

BUREAU V. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
approximate age of deceased is
shown on

FILE No. 106 AUG 20 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13d

CERTIFICATE OF DEATH

08048
131
Reg. Dist. No.

1. PLACE OF DEATH:

County... Frederick

City or town... Frederick, Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:
Frederick Co Emergency Hospital

How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... Frederick

City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No... 162 W. Alp Saint St
(If rural, give LOCATION)

2.(a) If veteran, name war... none

3. (a) FULL NAME

Refus Hammond

3. (b) Social Security Number

none

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced widowed

8. (b) Name of husband or wife Margaret Hammond

7. Birth date of deceased (mo., day, yr.) unknown B. (c) If alive, give age... years

8. AGE: Years 62 yrs. Months Days If less than one day

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation laborer (retired)

11. Industry or business Frederick Brick Works

12. Name unknown

13. Birthplace "

14. Maiden name unknown

15. Birthplace "

16. Informant Walter Hammond

Address Frederick, MD

17. Burial Date thereof Aug 20, 1946
(Burial, cremation, or removal within) (month) (day) (year)

Cemetery or crematory Friendship Cemetery

Location Clayville, Montgomery Co

18. Funeral director Harry E. Barth, Co

Address Frederick, MD

19. 20 Aug 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17, 1946 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1, 1946 to Aug 17, 1946 and that I last saw him alive on Aug 17, 1946

Immediate cause of death Atherosclerosis - Cardiac - Vascular Disease DURATION 2 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Hammond MD M. D. or other

Address Frederick, MD Date signed Aug 20, 1946

RECEIVED
AUG 21 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County **Frederick**
City or town **Frederick**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Lifetime**
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? **2 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Frederick**
City or town **Frederick**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **17 West Second Street**
(If rural, give LOCATION)
2. (a) If veteran, name war **None**

3. (a) FULL NAME

RENO SHEFFER HARP

3. (b) Social Security Number

None

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Married
-----------------------	----------------------------------	--

8. (b) Name of husband or wife **Bessie D. Zentz**
6. (c) If alive, give age **60** years
7. Birth date of deceased (mo., day, yr.) **October 3-1866**
8. AGE: Years **79** Months **10** Days **14** If less than one day _____ hrs. _____ min.

9. Birthplace **Frederick County Maryland**
(Town, county, and state)
10. Usual occupation **Lawyer**
11. Industry or business
12. Name **Daniel V. Harp**
13. Birthplace **Myersville, Md.**
14. Maiden name **Lugenia F. Sheffer**
15. Birthplace **Frederick County Maryland**

16. Informant **Mrs. Reno S. Harp**
Address **17 W. Second St. Frederick, Md.**

17. **Burial** Date thereof **Aug. 20-46**
(Burial, cremation, or removal, which) (month) (day) (year)
Cemetery or crematory **Mount Olivet Cemetery**
Location **Frederick, Md.**
18. Funeral director **C.E. Cline and Son**
Address **Frederick, Md.**

19. **20 Aug** 19 **46** **Elizabeth G. Heck**
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **August 17th.** 19 **46** at **1:30 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 1** 19 **46** to **Aug. 17** 19 **46**
and that I last saw him alive on **Aug. 17** 19 **46**

Immediate cause of death **Acute Coronary Thrombosis** DURATION **1 day**

Due to **Arteriosclerosis**

Other conditions **Chronic Lymphatic Leukemia - Fractured Hip (fr.)**
(Include pregnancy within 3 months of death)

Major findings of operations **None**

Autopsy results **None**
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide **Accident** Date of **8/16/46**

Where did injury occur? **Frederick, Md.**
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) **Home**

Means of injury **fall** Injured at work?

23. SIGNATURE **A. A. Pearson, M.D.**
Address **Frederick, Md.** Date signed **8/19/46**

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 21 1946
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 34 years
 Hospital, institution, or street address where death occurred:
417 Brunswick St
 How long in hospital or institution? 94 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Fred.
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 417 Brunswick St
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward Hoovermale

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Clara V. Michael
 B. (c) If alive, give age 79 years
 7. Birth date of deceased (mo., day, yr.) Sept 2nd 1866
 8. AGE: Years 79 Months 11 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace West Virginia
 (Town, county, and state)
 10. Usual occupation B. O. R. R. Retired Conductor
 11. Industry or business Transportation
 12. Name Lewis Hoovermale
 13. Birthplace West Virginia
 14. Maiden name Margaret Rockwell
 15. Birthplace West Virginia

16. Informant Florence Ferner De Bow
 Address Baltimore Md
 17. Buried Date thereof Aug 8, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Park Heights
 Location Brunswick Md
 18. Funeral director C. N. Fitch & Bro
 Address Brunswick Md
 19. Aug 7 19 46 Kathryn H. Brown
 (Date rec'd by registrar) (month) (day) (year) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 August 19 46 at 1:30 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 July 19 46 to 5 August 19 46 and that I last saw him alive on 1 August 19 46.

Immediate cause of death Arterio sclerosis with
nephro sclerosis and
uremia. DURATION 5 years.
 Due to _____
 Due to _____

Other conditions Arterio sclerotic Heart 5 years
Disease
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE William Schaeffer, Jr. M.D.
 Address Brunswick Md Date signed Aug 5 1946
 M. D. or other _____

MISSOURI
MISSOURI

RECEIVED
AUG 10 1946
BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 wks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

CLARA FRANCIS KELLER

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white single

6. (b) Name of husband or wife

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 1, 18788. AGE: Years 68 Months 4 Days 14 If less than one day _____ hrs. _____ min.9. Birthplace Braddock Heights Fred. Co. Md.
(Town, county, and state)10. Usual occupation Operator of Boarding House

11. Industry or business

12. Name John D. Keller13. Birthplace Middletown, Md.14. Maiden name Mary Knox15. Birthplace Middletown, Md.16. Informant Harvey MeasellAddress Walkersville, Md.17. Burial Date thereof 8-17-46
(Burial, cremation, removal, which?) (month) (day) (year)Cemetery or Reform Cem.Location Middletown, Md.18. Funeral director Bradhill Co.Address Middletown, Md.19. Aug 17 19. 46 Elizabeth G. Hersh
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 19. 46 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 13 19. 46 to Aug 15 19. 46and that I last saw u alive on Aug 15 19. 46Immediate cause of death Coronary thrombosis

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Pl. Ester Day M.D. or otherAddress Dolkesville, Md. Date signed Aug 15, 46

13081

DEPARTMENT OF STATE

RECEIVED
AUG 20 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

168 B. & O. Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 168 B. & O. Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

GEORGE ALLEN KLINE

3. (b) Social Security Number

214-10-4368

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Violet A. Shull6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) February 26, 18848. AGE: Years Months Days If less than one day
62 5 16 hrs. min.9. Birthplace Frederick, Maryland
(Town, county, and state)10. Usual occupation Supt. Canning Company

11. Industry or business

12. Name Allen L. Kline13. Birthplace Frederick County, Maryland14. Maiden name Florence Englebrecht15. Birthplace Frederick, Maryland16. Informant Mrs. G. Allen KlineAddress Frederick, Maryland17. Burial Date thereof Aug. 15, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Gline & SonAddress Frederick, Maryland19. 13 Aug 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 19 46 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 11th 1946 to Aug 12th 1946 and that I last saw him alive on Aug 12th 1946 at 9 a.m.

Immediate cause of death

Cerebral hemorrhage

DURATION

Due to arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

U. G. Bourne Sr

M. D. or other

Address Frederick Md Date signed 8-13-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 14 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

08053

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

7 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Braddock
 (If rural, give LOCATION)

2.(a) If veteran, name war World War I

3.(a) FULL NAME

RALPH G. KLINE

3.(b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Mary Boettler8.(c) If alive, give age 45 years7. Birth date of deceased (mo., day, yr.) October 12, 1899

8. AGE: Years 46 Months 10 Days 9 If less than one day
hrs.min.

9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation President11. Industry or business Economy Oil Company12. Name Thomas Kline13. Birthplace Frederick County Maryland14. Maiden name Cora May Grossnickle15. Birthplace Frederick County Maryland16. Informant Mrs. Mary KlineAddress R. F. D. #5, Frederick, Md.

17. Burial Date thereof 8/26/46
 (Burial, cremation, or other disposition) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 26-Aug 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23rd, 1946 at 11P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1946 to August 23 1946
 and that I last saw him alive on August 23 1946

Immediate cause of death Cerebral Hemorrhage

DURATION

8 hrs.Due to Hypertension10 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Corley, M. D.

Address Frederick, Maryland Date signed 8-24-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 28 1946

BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

08054

Reg. Dist. No. 134

1. PLACE OF DEATH:

County... FrederickCity or town... Johnsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 11 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Frances Kolb

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

5. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

October 27, 1858

8. AGE:

Years

Months

Days

If less than one day

87922

..... hrs.

..... min.

9. Birthplace... Creagerstown, Frederick Co., Md.
(Town, county, and state)10. Usual occupation... Seamstress

11. Industry or business

FATHER

12. Name... James Kolb

MOTHER

13. Birthplace... Creagerstown, Md.14. Maiden name... Sara E. Shorb15. Birthplace... Frederick County, Md.16. Informant... Emmanuel KolbAddress... Thurmont, Md. R.D.217. Burial

(Burial, cremation, or removal, Which?)

Date thereof...

August 22, 1946
(month) (day) (year)Cemetery or crematory... St. Anthony's Shrine Cem.Location... Emmitsburg, Maryland18. Funeral director... S. L. AllisonAddress... Emmitsburg, Maryland19. Aug 2019. 46

(Date reg. by registrar)

M. F. Shuff
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Rural Thurmont, R.D.2
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH... August 19, 1946 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 9, 1946 to Aug 19, 1946
and that I last saw her alive on Aug 19, 1946

Immediate cause of death

Arteriosclerosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE

J. H. Legg

M. D. or other

Address... Union Bridge Date signed 8-19-46

UNITED STATES DEPARTMENT OF HEALTH

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

DATE OF DEATH

DATE OF BURIAL

DATE OF INTERMENT

DATE OF CREMATION

DATE OF DISPOSITION

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

DATE OF REINTERMENT

RECEIVED

SEP 4 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH **NON-FADING INK**. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08055

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Doubs
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 Days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Doubs
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) if veteran, name war

3. (a) FULL NAME

JAMES LESLIE LAWSON

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) July 20, 1946

8. AGE: Years 0 Months 0 Days 11 If less than one day
 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
Infant

10. Usual occupation

11. Industry or business

FATHER 12. Name Clarence C. Lawson
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Daisy Beard
 15. Birthplace Frederick County Maryland

16. Informant Clarence C. Lawson
 Address Doubs, Maryland

17. Burial Date thereof 8/2/46
 (Burial, cremation, or removal-Which?) (month) (day) (year)

Cemetery or crematory Colored CemeteryLocation Point of Rocks, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 2-Aug 1946 Elizabeth G Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st 1946 at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 27 1946 to July 27 1946
 and that I last saw him alive on July 27 1946

Immediate cause of death

Dysentery

DURATION

5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

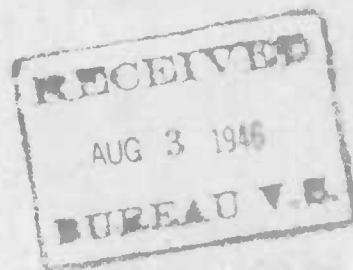
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Crutman M. D.

M. D. or other

Address Frederick, Maryland Date signed 8-2-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

08056

Reg. Dist. No. 147

1. PLACE OF DEATH: Frederick
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME MARIAN W. Lawson 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Charles B. Lawson deceased
7. Birth date of deceased (mo., day, yr.) Nov. 24, 1859 8. (c) If alive, give age years
8. AGE: Years 86 Months 8 Days 15 It less than one day hrs. min.

9. Birthplace..... Brooklyn, New York
(Town, county, and state)
10. Usual occupation..... None
11. Industry or business.....

FATHER 12. Name..... Matthew Manning
13. Birthplace..... New York
MOTHER 14. Maiden name..... Emma Camile
15. Birthplace..... New York

16. Informant..... Mr. Arthur M. Lawson
Address..... Mt. Airy, Maryland

17. Burial Date thereof..... 8- 24- 46
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory..... Woodlawn
Location..... Bronx, New York, N.Y.

18. Funeral director..... C.M. Waltz
Address..... Winfield, Md.

19. Aug. 22 19 46 blair A. Ruckles
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19, 19 46 at 7:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 19 46 to Aug 19 19 46 and that I last saw her alive on Aug. 19, 19 46

Immediate cause of death..... Cerebral Apoplexy
Due to..... Arterio - Sclerosis
Hypertension
Due to.....
Other conditions..... Pulmonary edema
(Include pregnancy within 8 months of death)

DURATION

4 mo

3 yrs

3 yrs

3 da

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Stanley Grabill M. D. or other
Address..... Mt Airy - Md Date signed 8/20/46

RECEIVED
AUG 23 1946
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: *Fredrick*
 County: *Brunswick*
 City or town: *Brunswick*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *9 mo.*
 Hospital, institution, or street address where death occurred:
10 5th Ave.
 How long in hospital or institution? *1*

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infant, give residence of mother)
 State: *MD* County: *Fred.*
 City or town: *Brunswick*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: *10 5th Ave.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war: _____

3. (a) FULL NAME *Mary Esther Loy*

3. (b) Social Security Number _____

4. Sex: *Female* 5. Color or race: *White* 6. (a) Single, married, widowed, or divorced: *Widowed*
 6. (b) Name of husband or wife: *E. B. Loy*
 7. Birth date of deceased (mo., day, year): *April 15 - 1873* 6. (c) If alive, give age: _____ years
 8. AGE: Years *73* Months *4* Days *13* If less than one day: _____ hrs. _____ min.

9. Birthplace: *Virginia*
 (Town, county, and state)

10. Usual occupation: *Housewife*

11. Industry or business: _____

12. Name: *M. W. Titus*
 13. Birthplace: *Virginia*

14. Maiden name: *Mary Ellen Titus*
 15. Birthplace: *Virginia*

16. Informant: *Mary Ellen Champion*
 Address: *10 5th Ave Brunswick Md.*

17. Burial, cremation, or removal, Which? *Burial* Date thereof: *Sept. 1, 1946*
 (month) (day) (year)

Cemetery or crematory: *Union*
 Location: *Leesburg Va.*

18. Funeral director: *C. N. Fitch's Box*
 Address: *Brunswick Md.*

19. *Sept 1, 1946* *Kathryn H. Brown*
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: *Aug 20* 19 *46*, at *6 P*
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 1-46* to *Aug 26-46*
 and that I last saw him alive on *Aug 26-46*
 Immediate cause of death: *Cerebral Thrombosis*

DURATION

week
 Due to: _____
 Due to: _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide: _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: *Kathryn H. Brown*
 Address: *Brunswick Md.* Date signed: *Aug 20-46*

MARGIN RESERVED FOR BINDING

VS A15 9-45-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REC- 450

SEP 4 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

08058

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

708 North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 708 North Market Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

GEORGE ERNEST MAGAHA

3. (b) Social Security Number

217-16-2130

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced6. (b) Name of husband or wife Esta Zecker6. (c) If alive, give age 66 years

7. Birth date of

deceased (mo., day, yr.)

August 13, 1879

8. AGE:

Years

Months

Days

If less than one day

661130

.....hrs.min.

9. Birthplace Burkittsville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation Automobile Dealer

11. Industry or business

FATHER

12. Name

George William Magaha

13. Birthplace

Virginia

MOTHER

14. Maiden name

Mary Elizabeth Sigler

15. Birthplace

Virginia16. Informant E. Paul Magaha

Address

Frederick, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Aug. 14, 1946
(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland19. 13-Aug

(Date rec'd by registrar)

19. 46Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1946 at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 5 1942, to Aug 12 1946and that I last saw him alive on Aug 12 1946

Immediate cause of death

Acute Cardiac dilatation
with pulmonary

Due to

effusion DURATION 3 hrs

Due to

Arterio sclerosiswith hypertension 4 hrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. O. Thomas
M. D. or other 13/46
Address Frederick, Md. Date signed 13/46

RECEIVED

AUG 14 1946

BUREAU 78

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Fred.
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
520 West Palomas
How long in hospital or institution? 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fred.
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 520 West Palomas
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

James Bryasly Manor

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Cora Naylor
6.(c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) Jan. 23, 1874
8. AGE: Year 72 Month 7 Days 1 If less than one day
hrs. min.

9. Birthplace West Virginia
(Town, county, and state)
10. Usual occupation B.O.R.R. Clerk Retired
11. Industry or business Transportation
12. Name Elisha Manor
13. Birthplace Virginia
14. Maiden name Sue Bryasly
15. Birthplace West Virginia

16. Informant Mrs Cora Manor
Address Brunswick Md.
17. Burial Date thereof Aug 27, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory St. Marks
Location Mar. Petersville Md.
18. Funeral director C.H. Fetter & Son
Address Brunswick Md.
19. Aug 27 1946 Kathryn H. Brown
(Date rec'd by registrar) (month) (day) (year) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1946 at 1450 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10 1946 to Aug 24 1946
and that I last saw him alive on Aug 24 1946
Immediate cause of death Cerebral Thrombosis DURATION 11 Hrs
Due to Braune 2
Due to Exhaustion 3
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?
23. SIGNATURE [Signature] M. D. or other
Address Brunswick Md Date signed 8/27/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 2 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08060

CERTIFICATE OF DEATH

Reg. Dist. No. 131

I. PLACE OF DEATH:

County Frederick
 City or town Dickerson-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 Years
 Hospital, institution, or street address where death occurred:
Furnace Ford
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Dickerson-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Furnace Ford
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

WILLIAM HERBERT McKIMMEY

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 B. (b) Name of husband or wife Leta Furr
 6. (c) If alive, give age 63 years
 7. Birth date of deceased (mo., day, yr.) December 20, 1877
 8. AGE: Years 68 Months 7 Days 27 If less than one day
hrs. min.

9. Birthplace Loudoun County Virginia
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business
 12. Name Charles F. McKimney
 13. Birthplace Loudoun County Virginia
 14. Maiden name Sarah Edwards
 15. Birthplace Loudoun County Virginia

16. Informant Mrs. Leta McKimney
 Address R. F. D. #1, Dickerson, Md.
 17. Burial Burial Date thereof 8/20/46
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
 Location M. R. Etchison and Son
 18. Funeral director Frederick, Maryland
 Address

19. 19-Aug-46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17th, 1946 at 11:25P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 15th, 1946 to August 17, 1946
 and that I last saw him alive on August 17th, 1946
 Immediate cause of death Cerebral hemorrhage
 DURATION 2 1/2 days
 Due to Cardiovascular renal dis-
ease
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D.
Frederick, Maryland M. D. of state
 Address Date signed 8-19-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

ANG 20 1946

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of date of death is shown on 2411 N. Charles St., Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

08061
141
Reg. Dist. No.

FILE No. I O 7 SEP 16 1946

1. PLACE OF DEATH:
County Frederick
City or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 yrs.
Hospital, institution, or street address where death occurred:
Brownsville
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. up Mountain Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Estella U. Morgan

3. (b) Social Security Number

4. Sex Female 5. Color or race Col 6. (a) Single, married, widowed, or divorced widowed
6. (b) Name of husband or wife Douglas Morgan
7. Birth date of deceased (mo., day, yr.) Aug 2 1889 6. (c) If alive, give age years
8. AGE: Years 57 Months Days If less than one day hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Henry Giles

13. Birthplace Ind.

MOTHER 14. Maiden name Melba N. Nightingale

15. Birthplace Va.

16. Informant Mrs Annell Furr

Address Brownsville Md

17. Burial Date thereof 8-4-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Brownsville

Location Brownsville Md

18. Funeral director PN Furr & Bro

Address Brownsville Md

19. Aug 4 19 46 Kathryn N. Brown
(Date rec'd by registrar) (year) (month) (day) (year) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1946 19..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27 July 1946 to 1 Aug 1946

and that I last saw him alive on 27 July 1946

Immediate cause of death Fracture of femur

DURATION

Due to Circumference of Breast 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury..... Injured at work?

23. SIGNATURE William Schnapf, Jr., M.D.

M. D. or other

Address Brownsville Md Date signed Aug 4 1946

RECEIVED
AUG 7 1946
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

08062

Reg. Dist. No. 145

1. PLACE OF DEATH:

County Frederick
City or town Rural, Myersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Frederick
City or town Rural, Middlebrook
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah Jane Palmer

3. (b) Social Security Number

4. Sex _____ 5. Color or race _____ 6.(a) Single, married, widowed, or divorced _____

Female white widowed

6.(b) Name of husband or wife Elmer E. Palmer

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 23, 1870

8. AGE: Years 76 Months 3 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Myersville Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lewis Moser

13. Birthplace Myersville, Md.

14. Maiden name Maria Harmon

15. Birthplace Myersville, Md.

16. Informant Albert L. Palmer

Address Myersville, Md.

17. Burial Date thereof 8-20-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory U.R. Cemetery

Location Myersville, Md.

18. Funeral director Blattell Co.

Address Middletown, Md.

19. Aug 20 1946 Dylan Better
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1946 at 4:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1946 to Aug 18 1946 and that I last saw her alive on Aug 17 1946

Immediate cause of death _____

Cerebral Hemorrhage

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Harp M.D. M. D. or other _____

Address Middletown Date signed 8-19-46

MARGIN RESERVED FOR BINDING

V8 A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 22 1946
BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

08063

131

1. PLACE OF DEATH:

County FrederickCity or town Buckeystown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 116 West Fourth Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

JAMES GRANT POOLE

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Grace Clay8. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) December 16, 18658. AGE: Years 80 Months 7 Days 30 If less than one day
.....hrs.min.9. Birthplace Clarksburg-Montgomery-Maryland
(Town, county, and state)10. Usual occupation Retired Watchman11. Industry or business Ox Fibre Brush Company
James Poole12. Name Mary Buxton13. Birthplace Unknown14. Maiden name Montgomery County Maryland15. Birthplace Mrs. Grace Poole16. Informant 116 W. 4th St., Frederick, Md.Address Burial Date thereof 8/9/46

(Burial, cremation, or removal - Written) (month) (day) (year)

Cemetery or crematory Methodist CemeteryLocation Kempton, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 7-Aug 1946 Elizabeth G. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6th 1946 at 11:55P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1st 1946 to Aug 6th 1946and that I last saw him alive on Aug 6th 1946Immediate cause of death Technical Hemorrhage DURATION 6 daysDue to Arterio Scurvis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Hedger M. D.Address Frederick, Maryland Date signed 8-7-46

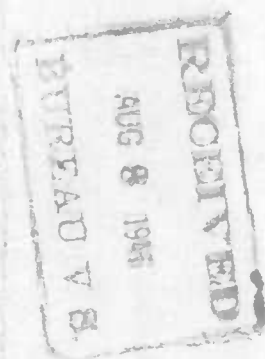
MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. R. Etchison ^{and son}



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Hansonville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Hansonville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war No

3.(a) FULL NAME

Effie May Putman

3.(b) Social Security Number

No

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Calvin L. Putman

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 25, 1873.

8. AGE:

Years

Months

Days

If less than one day

72829

hrs.

min.

9. Birthplace Creagerstown Fredk Co MD

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER
FATHER

12. Name

John F. Fisher

13. Birthplace

Creagerstown Fredk Co MD

14. Maiden name

Mary E. Valentine.

15. Birthplace

Creagerstown MD

16. Informant

Martin Putman

Address

Frederick. R.D. MD17. Burial
(Burial, cremation, or removal. Which?)Date thereof Aug. 27th. 46
(month) (day) (year)Cemetery or crematory Mt. Olivet Cem.Location Frederick MD

18. Funeral director

M. L. Creager & Son

Address

Thurmont. MD.19. Aug. 26
(Date filed by registrar)19. 46Blanche S. Eyles

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24th 1946 at 7:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1945 to Aug 24th 46and that I last saw him alive on Aug 24th 46

Immediate cause of death

acute dilatation of heart

Due to

myocardial infarction

Due to

arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please certificate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

F. H. Heggen
M. D. or other _____
Address Frederick MD Date signed Aug 26 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 28 1946
BUREAU V 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

08065

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
 City or town Stoodsboro (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Stoodsboro (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Catharine Quick

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife James H. Quick
 7. Birth date of deceased (mo., day, yr.) Oct. 25, 1869 6.(c) If alive, give age _____ years
 8. AGE: Years 76 Months 10 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business Own home
 FATHER 12. Name Benjamin Morgan
 13. Birthplace Maryland
 MOTHER 14. Maiden name Lucretia Harris
 15. Birthplace Maryland

16. Informant Miss Elsie Quick
 Address Stoodsboro Md

17. Burial Burial Date thereof Sept. 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Vernon Cemetery
 Location Near Walkersville, Md.

18. Funeral director Burke & Hartyler
 Address Stoodsboro Md.

19. Sept. 3, 1946 L. C. Pouncee
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 August 1946, at 8:00 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 August 1946 to 30 August 1946
 and that I last saw him alive on 30 August 1946
 Immediate cause of death Myocardial failure
Hypertension & arteriosclerosis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE James E. Stoner MD
 Address Walkersville, Md. Date signed 7 Aug 46
 M. D. or other

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF MAILING

RECEIVED

SEP 5 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-6

CERTIFICATE OF DEATH

08066

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 Years
Hospital, institution, or street address where death occurred:
220 West Fifth Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 220 West Fifth Street
(If rural, give LOCATION)
2(a) If veteran, name war None

3. (a) FULL NAME

ELLA ESTELLE REESE

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single married, widowed, or divorced
6. (b) Name of husband or William H. Reese
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) December 16, 1871
8. AGE: Years 74 Months 7 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Walkersville-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Peter Feiser

13. Birthplace Frederick County Maryland

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Franklin B. Reese

Address 638 Trail Ave., Frederick, Md.

17. Burial Burial Date thereof 8/9/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cemetery Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 7-Aug 1946 Elizabeth V. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 7th 1946 at 7:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1946 to Aug 7 1946
and that I last saw him alive on Aug 6 1946

Immediate cause of death 8th Uremia DURATION 10 days

Due to Chronic parenchymatous
nephritis year +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE B. Thomas M. D.

Address Frederick, Maryland Date signed 8-7-46

MARGIN RESERVED FOR BINDING

I

VS A15

9-45-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85-72

CERTIFICATE OF DEATH

08067
Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Rural Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 1/2 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George Thomas Roberson

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb 14, 1877

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

69524

hrs.

min.

9. Birthplace

Maryland
(Town, county and state)

10. Usual occupation

Farmer Labour

11. Industry or business

Farming

MOTHER FATHER

12. Name

Benj. R. Roberson

13. Birthplace

Virginia

14. Maiden name

Mary Anne Butcher

15. Birthplace

Maryland

16. Informant

Mrs. Roy H. Crowl

Address

Brunswick, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Burial Park Heights

Location

Brunswick Md
S.W. Feete & Bro

18. Funeral director

Address

Brunswick Md

19. Aug 11, 1946

Eugenia H. Burke
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

RuralBrunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

722-05-4769

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 8

19.46

at 9:40 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 7

19.46

to Aug 8

19.46

and that I last saw him alive on

Aug 7

19.46

Immediate cause of death

Coronary Thrombosis

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

[Signature]

M. D. or other

Address

Brunswick Md

Date signed

8/9/46

MARGIN RESERVED FOR BINDING

VS A15 9.45.11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 14 1946

BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

08068/45
Reg. Dist. No.

1. PLACE OF DEATH:

County... Frederick

City or town... Harmony
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Frederick

City or town... Harmony
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Sarah Elizabeth Rohrer

3. (b) Social Security Number

no

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife... Harry D. Rohrer

6. (c) If alive, give age... 64 years

7. Birth date of deceased (mo., day, yr.) April 5, 1884

8. AGE: Years Months Days If less than one day
62 4 23 hrs. min.

9. Birthplace... Middletown Frederick Co., Md.
(Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... John H. Lutz

13. Birthplace... Middletown, Md.

14. Maiden name... Virginia Renner

15. Birthplace... Myersville, Md.

16. Informant... Harry Rohrer

Address... Middletown, Md.

17. Burial Date thereof... 9-4-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Lutheran Cemetery

Location... Middletown, Md.

18. Funeral director... Bluff Hill Co.

Address... Middletown, Md.

19. Sept 6 19 46 Debra Bitts
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Aug 31 19 46 at 7:35 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 19 46 to Aug 31 19 46 and that I last saw him alive on Aug 30 19 46

Immediate cause of death... Carcinoma of Brain

DURATION

5 wks?

Due to... Carcinoma of lung

Due to... not known

Other conditions... Carcinoma of lung

(Include pregnancy within 3 months of death)

Major findings of operation... Date of op.

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... J. S. Harp M.D. or other

Address... Middletown Date signed... 9-1-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

MINUTES OF MEETINGS

OF THE JOINT CHIEFS OF STAFF

SEPTEMBER 9, 1945

RECEIVED

SEP 9 1945

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08069

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

FRANK HOFFMEIER RUDY

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>	
6. (b) Name of husband or wife <u>Mamie R. Castle</u>			
6. (c) If alive, give age <u>67</u> years			
7. Birth date of deceased (mo., day, yr.) <u>September 27, 1877</u>			
8. AGE:	Years <u>68</u>	Months <u>10</u>	Days <u>4</u>
If less than one day hrs. min.			

9. Birthplace Middletown-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER	12. Name <u>T. Carlton Rudy</u>
	13. Birthplace <u>Frederick County Maryland</u>
MOTHER	14. Maiden name <u>Mary Ellen Lightner</u>
	15. Birthplace <u>Frederick County Maryland</u>

16. Informant Mrs. Mamie Rudy
 Address Middletown, Maryland

17. Burial Date thereof 8/4/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery
 Location Middletown, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. Aug 3 1946 Maria Gladhill
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st, 1946 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1944 to Aug 1 1946
 and that I last saw him alive on July 31 1946
 Immediate cause of death

CAUSE OF DEATH Cerebral Sclerosis DURATION 1 1/2 yrs

Due to General Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? Now (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury None Injured at work?

23. SIGNATURE J E Harp M. D.

Address Middletown, Maryland Date signed 8-1-46

RECEIVED

AUG 8 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1210

CERTIFICATE OF DEATH

08070

Reg. Dist. No. 132

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 yr.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For the born infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2(a) If veteran, name war..... NONIE

3. (a) FULL NAME

George Daniel Rudy

3. (b) Social Security Number

217-05-7645A

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Single
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Jan. 6, 1877
 8. AGE: Years..... 69 Months..... 6 Days..... 25 If less than one day..... hrs. min.

9. Birthplace..... Middletown, Frederick County, Md.
(Town, county, and state)10. Usual occupation..... Harmon Maker

11. Industry or business

12. Name..... George E. Rudy13. Birthplace..... Middletown, Md.14. Maiden name..... E. Maria E. Graham15. Birthplace..... Jefferson, Md.16. Informant..... Uxal C. RudyAddress..... Middletown, Md.17. (Burial, cremation, or removal, which?)..... Burial Date thereof..... Aug. 3-1946
(month) (day) (year)Cemetery or crematory..... Reformed CemeteryLocation..... Middletown, Md.18. Funeral director..... Gladhill Co.Address..... Middletown, Md.19. Aug 3 1946 Maria Gladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug 1 1946, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1943 to Aug 1 1946and that I last saw him alive on July 31 1946Immediate cause of death..... Cardiovascular-renal

DURATION

Due to..... disase 3 yrs

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... J. E. Harp MD

M. D. or other

Address..... Middletown Date signed..... 8-2-46

RECEIVED
AUG 8 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46d +

CERTIFICATE OF DEATH

08071

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Weeks
Hospital, institution, or street address where death occurred:
Grant Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
Street No. Grant Street
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME
JOHN DAVID SHANKLE

3. (b) Social Security Number
None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced
6. (b) Name of husband or wife Christina E. Buckingham
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) January 12, 1865
8. AGE: Years 81 Months 7 Days 0 If less than one day..... hrs. min.

9. Birthplace Nr. Charlesville-Frederick-Md.
(Town, county, and estate)
10. Usual occupation Retired Farmer

11. Industry or business
12. Name David J. Shankle
13. Birthplace Frederick County Maryland
14. Maiden name Harriett E. Stull
15. Birthplace Frederick County Maryland

16. Informant Franklin M. Shankle
Address R.F.D.#3, Frederick, Maryland

17. Burial Burial Date thereof 8/15/46
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 13-Aug 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12, 1946 at 11:55 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 19 46 to Aug 12 19 46
and that I last saw him alive on Aug 12 19 46

Immediate cause of death Carcinoma of rectum DURATION 6 wks

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. R. Ban M. D.

M. D. or other

Address Frederick, Maryland Date signed 8-13-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 14 1946

BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08072

138

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

3.(b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

Lucian K. Falcone

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 23 1946 at 9-P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19 to 19

and that I last saw him alive on 19

Immediate cause of death

Coronary thrombosis

DURATION

Instantaneous

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1946
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93rd

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 Years
 Hospital, institution, or street address where death occurred:
Near Mount Pleasant
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Mount Pleasant
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

WILLIAM KENNETH SMITH

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 6. (b) Name of husband or wife Nora B. Smith
 6. (c) If alive, give age 51 years
 7. Birth date of deceased (mo., day, yr.) September 2, 1891
 8. AGE: Years 54 Months 11 Days 15 It less than one day
hrs. min.

9. Birthplace Washington, D. C.
 (Town, county, and state)
 10. Usual occupation Operated Grocery Store
 11. Industry or business Own Store
 12. Name William C. Smith
 13. Birthplace Frederick County Maryland
 14. Maiden name Sarah Bussard
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Nora Smith
 Address R. F. D. #1, Frederick, Maryland

17. Burial Date thereof 8/21/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or location Mount Olivet Cemetery
Frederick, Maryland
 Location M. R. Etchison and Son
 18. Funeral director Frederick, Maryland
 Address

19. 19-Aug 19 46 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 19 46 at 8:15 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 6 19 46 to Aug. 17 19 46
 and that I last saw him alive on Aug. 17 19 46

Immediate cause of death Myocarditis DURATION 2 yrs.
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Dr. H. Beall, M.D.
 Address Libertytown Date signed 8/17/46

NEW YORK STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
AUG 20 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

08074

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 6/13/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 6/13/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1820 Jackson St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Frank H. Snyder

3. (b) Social Security Number

212-12-7764

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1880
 6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

65

10

0

hrs.

min.

9. Birthplace Hancock, Maryland
 (Town, county, and state)

10. Usual occupation Machinist

11. Industry or business

FATHER 12. Name John Snyder
 13. Birthplace Germany

MOTHER 14. Maiden name Mary Albrighton
 15. Birthplace Cambridge, Md.

16. Informant Mrs. Margaret Snyder (Sister-in-law)
 Address _____

17. Burial Date thereof 8/9/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Cedar Hill
Baltimore, Md.
 Location _____

18. Funeral director Howard Blight, Jr.
 Address 4914 Belair Rd., Baltimore, Md.

19. August 7, 46
 (Date rec'd by registrar) Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 19 46 at 1:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 13 19 45, to August 7 19 46
 and that I last saw him alive on August 7 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

2 Yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____

M. D. KIMMAddress State Sanatorium, Md. Date signed 8/8/46

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AUG 9 1945
BUREAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

08075

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Years
Hospital, institution, or street address where death occurred:
Near Buckeystown
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Buckeystown
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3.(a) FULL NAME

ETHEL MAY STONE

3.(b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	---

6.(b) Name of husband or George H. Stone
B.(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) September 9, 1894

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>11</u>	<u>14</u>	hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Charles Krantz

13. Birthplace Frederick County Maryland

14. Maiden name Elmegia Bast

15. Birthplace Frederick County Maryland

16. Informant George H. Stone

Address R. F. D. #4, Frederick, Md.

17. Burial Date thereof 8/26/46
(Burial, cremation, or other) (month) (day) (year)

Cemetery or place Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 26-Aug 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23rd, 1946 at 4:50A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 14th to Aug 22nd 1946
and that I last saw him alive on Aug 2nd 1946

Immediate cause of death Metastasis of Lung Cancer
Due to Primary of Breast
DUE TO Primary of Breast

DURATION
6 weeks
Symptoms

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Cancer of Breast Date of op. 1942

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hedye M. D.

Address Frederick, Maryland Date signed 8-24-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 28 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>Near Mountairdale</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>45 Years.</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Frederick</u> City or town..... <u>Near Mountairdale</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) No 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Ida May Stull</u>				3. (b) Social Security Number <u>None.</u>			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6. (a) Single, married, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>Clarence Bradley Stull</u>				6. (c) If alive, give age <u>72</u> years			
7. Birth date of deceased (mo., day, yr.) <u>September 24, 1880</u>				8. AGE: Years <u>65</u> Months <u>11</u> Days <u>4</u> If less than one day hrs. min.			
9. Birthplace <u>Charlesville Frederick Co. Md</u> (Town, county, and state)							
10. Usual occupation <u>Housewife</u>							
11. Industry or business <u>Daniel H. Wachter.</u>							
FATHER		12. Name <u>Daniel H. Wachter.</u>					
MOTHER		13. Birthplace <u>Bethel, Md.</u>					
14. Maiden name <u>Catherine Tyler.</u>		15. Birthplace <u>Yellow Springs. Md</u>					
16. Informant <u>Clarence B. Stull</u> Address <u>Frederick, Md. R.F.D.</u>							
17. Burial (Burial, cremation, or removal. Which?) <u>Aug. 30, 1946</u> (month) (day) (year) Cemetery or crematory <u>Charlesville Cemetery</u> <u>Charlesville, Md.</u> Location 18. Funeral director <u>M. L. Creager & Son</u> Address <u>Thurmont, Md.</u>							
19. Aug. 30 (Date filed by registrar) <u>19 46</u> <u>Blanche S. Eyles</u> Registrar							
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>Aug 28th</u> <u>46</u> <u>2:30 p</u> M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Aug 28th</u> <u>46</u> to <u>Aug 28th</u> <u>46</u> and that I last saw <u>her</u> alive on <u>Aug 28th</u> <u>46</u> Immediate cause of death..... <u>Cerebral hemorrhage</u> <u>arterio-sclerosis</u> <u>paralytic hypertension</u> Due to..... Due to..... Other conditions..... (Include pregnancy within 9 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
23. SIGNATURE <u>F.A. Hegde</u> <u>Frederick</u> Address..... Date signed <u>Aug 29th</u> <u>1946</u>							

RECEIVED

SEP 2 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 982

CERTIFICATE OF DEATH

08077

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 2 wks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Rural Jefferson
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Stanley C. Zecker4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Sally Y. Zecker7. Birth date of deceased (mo., day, yr.) May 11, 1881 8.(c) If alive, give age 67 years8. AGE: Years 65 Months 3 Days 15 If less than one day _____ hrs. _____ min.9. Birthplace Burkittsville, Frederick Co. Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business _____

12. Name William C. Zecker13. Birthplace Burkittsville, Md.14. Maiden name Margaret Dean15. Birthplace Burkittsville, Md.16. Informant Edgar YoungAddress Middletown, Md.17. Burial Date thereof 8-18-46
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Blattell Co.Address Middletown, Md.19. 27 Aug 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1946, at 10:00 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 August 1946 to 26 August 1946 and that I last saw him alive on 25 August 1946

Immediate cause of death

Uremia

DURATION

2 wks.Due to Hypertensive Cardio-vascular disease.2 yrs. (?)

Due to _____

Other conditions Benign prostatic hypertrophy
(Include pregnancy within 3 months of death)

?

Major findings of operations None

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Coulter, M.D.Address Frederick, Md Date signed 8/27/46

REC

AUG 29 1946

BUREAU V &